

**PUBLIC RECORDS ACT INSPECTION REQUEST**

MH 2153 (Rev. 1/05)

Name/Title

Representing

Address

Phone Number

E-mail Address

Fax Number

*I have read the Department's Public Records Act Inspection Guidelines (see MH 2154, Rev. 01/05) and wish to inspect the following public record.*

SIGNATURE

Date

Complete Description

**TO BE COMPLETED BY DEPARTMENTAL OFFICE:**☐ Approval☐ Inspected \_\_\_\_\_☐ Disclosure of the requested record is prohibited by law.

Departmental Representative

Section

Date